

# Capability for Work questionnaire

## We have many ways we can communicate with you.

If you would like braille, British Sign Language, email, a hearing loop, translations, large print, audio or something else please call us on **0800 169 0310** or textphone **0800 169 0314** and tell us which you need.

If you live in Wales and want this questionnaire in Welsh please call us on **0800 328 1744**.

Calls to 0800 numbers are free from landlines and mobiles.

## Equality and diversity

We are committed to treating people fairly, regardless of their disability, ethnicity, sex, sexual orientation, transgender status, marital or civil partnership status, age, religion or beliefs. Please contact us if you have any concerns.

What you need to do:

- please fill in this questionnaire and send it back to the Health Assessment Advisory Service by the date on the letter that it came with. The Health Assessment Advisory Service will use the information you provide to decide if you need to come for a face-to-face assessment or not. We will use this information to give you the best support we can and pay you the right amount of benefit.
- you must send it back by the date we have asked you to in the enclosed letter.
- read this questionnaire carefully and make sure you answer all the questions in full.
- write in black ink and use CAPITAL LETTERS. If you want to, you can download a copy of the questionnaire to your computer and fill it in. Go to [www.gov.uk](http://www.gov.uk) and search for ESA50.
- return the completed questionnaire using the enclosed envelope. It does not need a stamp. Do not send it or take it to your Jobcentre Plus office.
- send copies of all your medical or other information back with your questionnaire. We do not always contact your medical professionals so this information is important, and should let us know how your disability, illness or health condition affect how you can do things on a daily basis. A list of information we find helpful is on **page 5**.
- only send us copies of medical or other information if you already have them. Do not ask or pay for new information or send us original documents. Please write your National Insurance Number on each piece of information you send to us.
- make sure you fill in the 'About you' section on **page 2** in full.

If you need help filling in the questionnaire, you can:

- ask a friend, relative, carer or support worker to help you
- call Jobcentre Plus on **0800 169 0310** to arrange for a trained advisor to talk you through the questions over the phone. Please do not go into your local Jobcentre Plus.

In some cases, your answers can be written down for you. You can ask for your questionnaire to be sent to you by post to check.



Your Employment and Support Allowance (ESA) payments may stop if you do not fill in this questionnaire and send it to the Health Assessment Advisory Service by the date we have asked you to.

---

## About you

<p><b>01 Surname</b></p> <p><b>02 Other names</b></p> <p><b>03 Title</b> Mr, Mrs, Miss, Ms, or other.</p> <p><b>04 Address</b></p> <p>Postcode</p> <p><b>05 Date of birth</b> DD/MM/YYYY</p> <p><b>06 National Insurance (NI) Number</b></p>	<p><b>07 A phone number we can contact you on</b></p> <p><b>08 Email address</b> If you have one.</p> <p><b>09 Have you been in hospital for over 28 days in the last 12 months?</b></p> <p>No <b><u>Go to question 10</u></b></p> <p>Yes Please tell us the dates you were in hospital. DD/MM/YYYY</p> <p>From</p> <p>To What was the name of the hospital?</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**10 Have you served in HM Forces?**

No **Go to question 11**

Yes

Which service were you in?

Army

Royal Navy/Marines

RAF

What date did you leave?

DD/MM/YYYY

**11 Have you been released from prison in the last 6 months?**

This information will help us find your medical records more quickly. We will not share or use this information for any other purpose.

No **Go to question 12**

Yes

What date did you leave?

DD/MM/YYYY

**12 Are you pregnant?**

No

Yes

When is your baby due?

DD/MM/YYYY

---

## If you are returning this questionnaire late



Your Employment and Support Allowance (ESA) payments may stop if you do not fill in this questionnaire and send it to the Health Assessment Advisory Service. It is important that you send it back by the date we have asked you to in the enclosed letter.

**13 Are you sending this questionnaire back later than the date we asked you to in the enclosed letter?**

No

Yes Please tell us why:

---

## About your General Practitioner (GP) or doctor's surgery

Please tell us about your GP. If you do not know your GP's name, tell us the name of your doctor's surgery. Sometimes we will need to contact them to ask for medical or other information that tells us how your disability, illness or health condition affect your ability to do things on a daily basis. We do not always have to contact them, so it is important that you send all of your medical or other information back with this questionnaire. Only send us copies of medical or other information if you already have them. Do not ask or pay for new information or send us original documents. Please write your National Insurance Number on each piece of information you send to us.

**14** What is your GP's name or the name of your doctor's surgery?

**15** Their address

Postcode

**16** Their phone number

---

## About other Healthcare Professionals, carers, friends or relatives who know the most about your disability, illness or health condition

Please give us details of the Healthcare Professionals, carers, friends or relatives who know the most about your disability, illness or health condition. They should know what affect your disability, illness or health condition has on your ability to do things on a daily basis. We do not always contact them, so it is important you send all of your medical or other information back with this questionnaire. Only send us copies of medical or other information if you already have them. Do not ask or pay for new information or send us original documents. Please write your National Insurance Number on each piece of information you send to us.

For example:

- consultant or specialist doctor
- psychiatrist
- specialist nurse, such as community psychiatric nurse
- physiotherapist
- occupational therapist
- social worker
- support worker or personal assistant
- carer

**17** Their name

**18** Their job title

**19** Their address

Postcode

**20** Their phone number

---

## About medical or other information you may already have

### **Things the Health Assessment Advisory Service would like to see, if you already have them –**

Reports, care or treatment plans about you from:

- GPs
- hospital doctors
- specialist nurses
- community psychiatric nurses
- occupational therapists
- physiotherapists
- social workers
- support workers
- learning disability support teams
- counsellors or carers.

Medical test results including:

- scans
- audiology
- the results of x-rays, but not the x-rays themselves.

Things like:

- your current prescription list
- your statement of special educational needs
- epilepsy seizure diary
- your certificate of visual impairment.

Other information:

- Hospital Passports, this is a written record kept by people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital

- a diary of your symptoms if your disability, illness or health condition varies from day to day
- long-stay hospital information including date of admission, length of stay and the hospital name and address.

Remember – only send us copies of medical or other information if you already have them. Do not ask or pay for new information or send us original documents. Please write your National Insurance Number on each piece of information you send to us.

### **Things the Health Assessment Advisory Service do not need to see –**

General information about your medical conditions that are not about you personally. Such as:

- photographs
- letters about other benefits
- fact sheets about your medication
- internet printouts
- statement of Fitness for Work, otherwise known as fit notes, medical certificates, doctor's statements or sick notes
- appointment letters.

---

## Cancer treatment



**IMPORTANT:** if your cancer treatment is affecting you and you have no other health conditions, you do not have to answer all the questions on this questionnaire.

### 21 Do you have cancer?

No Go to 'About your disabilities, illnesses or health conditions' on **page 7**

Yes **Go to question 22**

### 22 Are you having, waiting for or recovering from chemotherapy or radiotherapy treatment for cancer?

No Go to 'About your disabilities, illnesses or health conditions' on **page 7**

Yes Please make sure **page 27** is filled in and signed by your Healthcare Professional. This may include a GP, hospital doctor or clinical nurse who is aware of your cancer treatment. When your Healthcare Professional has signed **page 28** and you have signed **page 25** you can then return this questionnaire using the enclosed envelope.

### 23 Do you have other health problems, as well as cancer and the problems resulting from your cancer treatment?

No Please make sure **page 27** has been filled in and signed by your Healthcare Professional and you have signed **page 25**. You can then return this questionnaire using the enclosed envelope.

Yes Please fill in the rest of this questionnaire.

---

## About your disabilities, illnesses or health conditions

We will ask you specific questions about how your disability, illness or health condition affect your ability to do things on a daily basis in the rest of this questionnaire.

### **24** What are your disabilities, illnesses or health conditions?

Tell us how they affect you, when they started and if you think any of your conditions are linked to drugs or alcohol.

Also tell us about any aids you use, such as a wheelchair or hearing aid and anything else you think we should know about your disabilities, illnesses or health conditions.

If you need more space, please use **page 24** or a separate sheet of paper with your National Insurance Number written on it.

**25 What tablets, liquids, inhalers or other medication are you taking and are there any side effects?**

You can find a list of your medications on your latest prescription. If you need more space, please use **page 24** or a separate sheet of paper with your National Insurance Number written on it.

---

## **Hospital, clinic or special treatment like dialysis or rehabilitation treatment**

Use this section to tell us about any:

- hospital or clinic treatment you are having
- hospital or clinic treatment you expect to have in the near future
- special treatment you are having such as dialysis or rehabilitation treatment.

Please also tell us about any special treatment you have which you may not go to a hospital or clinic for.

**26 What hospital, clinic or special treatments are you getting?**

For example, the treatment you are having, where you get it and how often.

If you are expecting to have treatment in the near future, tell us what the treatment will be and the date it is due to start.

If you need more space, please use **page 24** or a separate sheet of paper with your National Insurance Number written on it.



**27** Are you having or waiting for any treatment which needs you to stay somewhere overnight or longer?

If you need more space, use the space on **page 24** or a separate sheet of paper with your National Insurance Number written on it.

No **Go to Part 1**

Yes Tell us about this below.

**28** Are you in, or due to start a residential rehabilitation scheme?

If you need more space, use the space on **page 24** or a separate sheet of paper with your National Insurance Number written on it.

No **Go to Part 1**

Yes Tell us the name of the organisation running your scheme, when your treatment began, or is due to begin, and when you expect it to end.

---

## How your conditions affect you

**Part 1** is about physical health problems.

**Part 2** is about mental health, cognitive and intellectual problems. By cognitive we mean problems you may have with thinking, learning, understanding or remembering things.

**Part 3** is about eating and drinking.

### Part 1: Physical functions

**Only answer Yes to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.**

#### 1. Moving around and using steps

By moving we mean including the use of aids you usually use such as a manual wheelchair, crutches or a walking stick but without the help of another person.

**29** Please tick this box if you can move around and use steps without difficulty.

**Go to question 34**

**30 How far can you move safely and repeatedly on level ground without needing to stop?**

For example, because of tiredness, pain, breathlessness or lack of balance.

50 metres - this is about the length of 5 double-decker buses, or twice the length of an average public swimming pool

100 metres - this is about the length of a football pitch

200 metres or more

It varies

**31 Tell us how far you can move and why you might have to stop.**

If you usually use a walking stick, crutches, a wheelchair or anything else to help you, tell us how it affects the way you move around.

**32 Can you go up or down 2 steps without help from another person, if there is a rail to hold on to?**

No

Yes **Go to question 34**

It varies

**33 If you have answered No or It varies, tell us more about using steps.**

## 2. Standing and sitting

**34** Please tick this box if you can stand and sit without difficulty.

Go to question 38

**35** Can you move from one seat to another right next to it without help from someone else?

No

Yes

It varies

**36** While you are standing or sitting (or a combination of the two) how long can you stay in one place and be pain free without the help of another person?

This does not mean standing or sitting completely still. It includes being able to change position.

Less than 30 minutes

30 minutes to 1 hour

More than 1 hour

It varies

**37** If you have problems with standing and sitting, tell us more about it. Tell us why this might be difficult for you and how this affects your typical day.

Please include how long you can sit for, how long you can stand for and what might make sitting and standing difficult for you.

## 3. Reaching

**38** Please tick this box if you can reach up with either of your arms without difficulty.

Go to question 42

**39** Can you lift at least one of your arms high enough to put something in the top pocket of a coat or jacket while you are wearing it?

No

Yes

It varies

**40** Can you lift one of your arms above your head?

No

Yes

It varies

**41** If you have answered No or It varies, tell us why you might not be able to reach up and if this affects both arms.

#### 4. Picking up and moving things – using your upper body and either arm

**42** Please tick this box if you can pick things up and move them without difficulty.

**Go to question 47**

**43** Can you pick up and move a half-litre (1 pint) carton full of liquid using your upper body and either arm?

No

Yes

It varies

**44** Can you pick up and move a litre (2 pint) carton full of liquid using your upper body and either arm?

No

Yes

It varies

**45** Can you pick up and move a large, light object like an empty cardboard box?

For example, from one surface to another at waist height.

No

Yes

It varies

**46** If you have answered No or It varies, tell us more about picking things up and moving them and why you might not be able to pick things up.

#### 5. Manual dexterity (using your hands)

**47** Please tick this box if you can use your hands without any difficulty.

**Go to question 50**

**48** Can you use either hand to press a button (such as a telephone keypad), turn the pages of a book, pick up a £1 coin, use a pen or pencil or use a suitable keyboard or mouse?

Some of these things

None of these things

It varies

**49** If you have answered Some of these things or It varies, tell us more about picking things up and moving them and why you might not be able to pick things up.

Tell us which of these things you have problems with and why. If it varies, tell us how.

## **6. Communicating – speaking, writing and typing**

By communicating, we do not mean communicating in another language. This section asks about how you can communicate with other people.

**50** Please tick this box if you can communicate with other people without any difficulty.

Go to question 53

**51** Can you communicate a simple message to other people such as the presence of something dangerous?

This can be by speaking, writing, typing or any other means, but without the help of another person.

No

Yes

It varies

**52** If you have answered No or It varies, tell us how you communicate and why you might not be able to communicate with other people.

For example, difficulties with speech, writing or typing.

## **7. Communicating – hearing and reading**

This section asks about your ability to hear other people and read printed information.

**53** Please tick this box if you can understand other people without any difficulty.

Go to question 57

**54** Can you understand simple messages from other people by hearing or lip reading without the help of another person?

A simple message means things like someone telling you the location of a fire escape.

No

Yes

It varies

**55** Can you understand simple messages from other people by reading large size print or using braille?

No

Yes

It varies

**56** If you have answered No or It varies, tell us more about if you need to communicate in another way or use aids, such as a hearing aid.

## 8. Getting around safely

This section asks about problems with your vision. If you normally use glasses or contact lenses, a guide dog or any other aid, tell us how you manage when you are using them. Please also tell us how well you see in daylight or bright electric light.

**57** Please tick this box if you can get around safely on your own.

Go to question 61

**58** Can you see to cross the road safely on your own?

No

Yes

It varies

**59** Can you safely get around a place that you have not been to before without help?

No

Yes

It varies

**60** If you have answered No or It varies, tell us about your eyesight and any problems you have finding your way around safely.

## 9. Controlling your bowels and bladder and using a collecting device

**61** Please tick this box if you can control your bowels and bladder without any difficulty.

Go to question 64

**62** Do you have to wash or change your clothes because of difficulty controlling your bladder, bowels or collecting device?

Collecting devices include stoma bags and catheters.

No

Yes – weekly

Yes – monthly

Yes – less than a month

Yes – but only if I cannot reach a toilet quickly

**63** Tell us about controlling your bowels and bladder or managing your collecting device and if you experience problems if you cannot reach a toilet quickly. Tell us how often you need to wash or change your clothes because of difficulty controlling your bladder, bowels or collecting device.

## 10. Staying conscious when awake

By staying conscious we do not mean falling asleep just because you are tired.

**64** Please tick this box if you do not have any problems staying conscious while awake.

**Go to Part 2**

**65** While you are awake, how often do you faint or have fits or blackouts?

This includes epileptic seizures such as fits, partial or focal seizures, absences and diabetic hypos.

Daily

Weekly

Monthly

Less than monthly

**66** Tell us more about your fainting, fits or blackouts.

## Part 2: Mental, cognitive and intellectual capabilities

In this part we ask how your mental health, cognitive or intellectual problems affect how you can do things on a daily basis. By this we mean problems you may have from mental illnesses like schizophrenia, depression and anxiety, or conditions like autism, learning difficulties, the effects of head injuries and brain or neurological conditions.

If you have difficulties filling in this section, you can ask a friend, relative, carer or support worker to help you.

You can call Jobcentre Plus on **0800 169 0310** who will talk you through the questions over the phone. For online help, visit [www.chdauk.co.uk](http://www.chdauk.co.uk)

If you would like any additional information to be considered, for example from your doctor, community psychiatric nurse, occupational therapist, counsellor, psychotherapist, cognitive therapist, social worker, support worker or carer please send it with this form. This includes information that tells us how your disability, illness or health condition affects your ability to do things on a daily basis and information about how this affects you when you are most unwell.

Only send us copies of medical or other information if you already have them. Do not ask or pay for new information or send us original documents. Please write your National Insurance Number on each piece of information you send to us.

**Only answer Yes to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.**

### 11. Learning how to do tasks

**67** Please tick this box if you can learn to do everyday tasks without difficulty.

**Go to question 71**

**68** Can you learn how to do an everyday task such as setting an alarm clock?

No

Yes

It varies

**69** Can you learn how to do a more complicated task such as using a washing machine?

No

Yes

It varies

**70** If you have answered No or It varies, tell us about any difficulties you have learning to do tasks and why you find it difficult.

If you need more space you can use the box on **page 21** or a separate sheet of paper with your National Insurance Number written on it.



## 12. Awareness of hazards or danger

**71** Please tick this box if you can stay safe when doing everyday tasks such as boiling water or using sharp objects.

Go to question 74

**72** Do you need someone to stay with you most of the time for you to stay safe?

No

Yes

It varies

**73** If you have answered No or It varies, tell us about how you cope with danger and what problems you have with doing things safely.

## 13. Starting and finishing tasks

This is about whether you can manage to start and complete daily routines and tasks like cooking a meal or going shopping.

**74** Please tick this box if you can manage to do daily tasks without difficulty.

Go to question 77

**75** Can you manage to plan, start and finish daily tasks?

Never

Sometimes

It varies

**76** Tell us about what difficulties you have doing your daily routines.

For example, remembering to do things, planning and organising how to do them, and concentrating to finish them. Tell us what might make it difficult for you and how often you need other people to help you. If it varies, tell us how.

## 14. Coping with changes

**77** Please tick this box if you can cope with changes to your daily routine.

Go to question 81

**78** Can you cope with small changes to your routine if you know about them before they happen?

For example, things like having a meal earlier or later than usual, or an appointment time being changed.

No

Yes

It varies

**79** Can you cope with small changes to your routine if they are unexpected?

This means things like your bus or train not running on time, or a friend or carer coming to your house earlier or later than planned.

No

Yes

It varies

**80** If you have answered No or It varies, tell us more about how you cope with change. Explain your problems, and give examples if you can.

## 15. Going out

This question is about your ability to cope mentally or emotionally with going out. If you have physical problems which mean you cannot go out, you should tell us about them in **Part 1**.

**81** Please tick this box if you can go out on your own.

Go to question 85

**82** Can you leave home and go out to places you know?

No

Yes, if someone goes with me

It varies

**83** Can you leave home and go to places you do not know?

No

Yes, if someone goes with me

It varies

**84** If you have answered No or It varies, tell us why you cannot always get to places and if you need someone to go with you. Explain your problems, and give examples if you can.

## 16. Coping with social situations

By social situations we mean things like meeting new people and going to meetings or appointments.

- 85** Please tick this box if you can cope with social situations without feeling too anxious or scared.

Go to question 89

- 86** Can you meet people you know without feeling too anxious or scared?

No

Yes

It varies

- 87** Can you meet people you do not know without feeling too anxious or scared?

No

Yes

It varies

- 88** If you have answered No or It varies, tell us why you find it distressing to meet other people, what makes it difficult and how often you feel like this. Explain your problems, and give examples if you can.

## 17. Behaving appropriately

This section asks about whether your behaviour upsets other people. By this we do not mean minor arguments between couples.

- 89** Please tick this box if your behaviour does not upset other people.

Go to Part 3

- 90** How often do you behave in a way which upsets other people?

For example, this might be because your disability, illness or health condition results in you behaving aggressively or acting in an unusual way.

Every day

Frequently

Occasionally

It varies

- 91** Tell us or provide examples of how your behaviour upsets other people and how often this happens. Explain your problems, and give examples if you can. If it varies, tell us how.

### **Part 3: Eating or drinking**

**Only answer Yes to the following questions, if you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.**

**92 Can you get food or drink to your mouth without help or being prompted by another person?**

No

Yes

It varies

**93 Can you chew and swallow food or drink without help or being prompted by another person?**

No

Yes

It varies

**94 If you have answered No or It varies, tell us about how you eat or drink and why you might need help.**

---

## Sharing information about your health condition

The Department for Work and Pensions (DWP) or approved healthcare professionals that work for DWP, might need more information about your health condition and how it affects your ability to work.

They might ask for relevant information from your doctor, or any other relevant professional you tell them about.

### Do you give consent for your doctor or other relevant professionals to give DWP more information about your health condition?

**Yes** – information about my health can be shared with DWP or the healthcare professionals that work for them.

**No** – information about my health cannot be shared with DWP or the healthcare professionals that work for them.

### How DWP uses this information

DWP uses this information to:

- process your claim
- make a decision on your claim, or any mandatory reconsideration or appeal you make.

The law allows DWP to get, keep and use this information.

Your doctor (or other relevant professionals you tell DWP about) needs your consent to give information to DWP. If you give your consent, this lets them know that they are legally allowed to share this information with DWP.

DWP can lawfully ask your doctor, hospital consultant or other relevant professionals for information about your health condition and how it affects you. This is because we are asking for the information to help us carry out our official social security functions.

You do not have to give your consent. If you do not, DWP will make a decision based on the information they have already, as well as any you give them yourself.

### If you change your mind

You can change your mind. You can do this by calling **0800 169 0310** and say you want to give or withdraw your consent.

If you withdraw your consent, DWP cannot get information from your doctor or others named on your form.

I have read and understood the text above.

**Signature**

**Date**

DD/MM/YYYY

---

## Face-to-face assessment

You may be asked to attend a face-to-face assessment with a qualified Healthcare Professional who works for the Health Assessment Advisory Service. They will send you a letter with details of your appointment and a leaflet that explains what happens at an assessment and who you can take with you.

If you are not asked to go to a face-to-face assessment, Jobcentre Plus will write to you and explain what will happen with your claim. The Health Assessment Advisory Service will not write to you.

Please make sure you have put your phone number and address details in the 'About You' section on **page 2**.

You must let the Health Assessment Advisory Service know as soon as you get your appointment letter if you need:

- a home visit. You will be asked for information from your medical professional to explain why you are not able to travel to an assessment centre

- your assessment to be recorded on tape or CD. Requests will be accepted where possible. More details about audio recording your assessment can be found at [www.gov.uk](http://www.gov.uk) and search for 'audio recording of face-to-face assessments'.

Please let the Health Assessment Advisory Service know at least 2 working days before your assessment if you need:

- an assessment on the ground floor if you cannot use stairs unaided in an emergency
- a sign-language interpreter. You are welcome to bring your own sign language interpreter but they must be 16 or over
- your face-to-face assessment with a Healthcare Professional of the same gender as you. For example, on cultural or religious grounds. The Health Assessment Advisory Service will try their best to provide one for you, but this may not always be possible.

If you want more information about the face-to-face assessment, please visit [www.chdauk.co.uk](http://www.chdauk.co.uk)

### 95 Tell us about any other help you might need.

**96** If you do not understand English or Welsh, or cannot talk easily in these languages, do you need an interpreter?

No

Yes

What language do you want to use?

You can bring your own interpreter to the assessment, but they must be 16 or over.

Do you want to bring your own interpreter?

No

Yes

**97** Would you like your telephone call in Welsh?

No

Yes

**98** Would you like your face-to-face assessment in Welsh?

No

Yes

**99** Please tell us about any times or dates in the next 3 months when you cannot go to a face-to-face assessment.

For example, because of a hospital appointment.

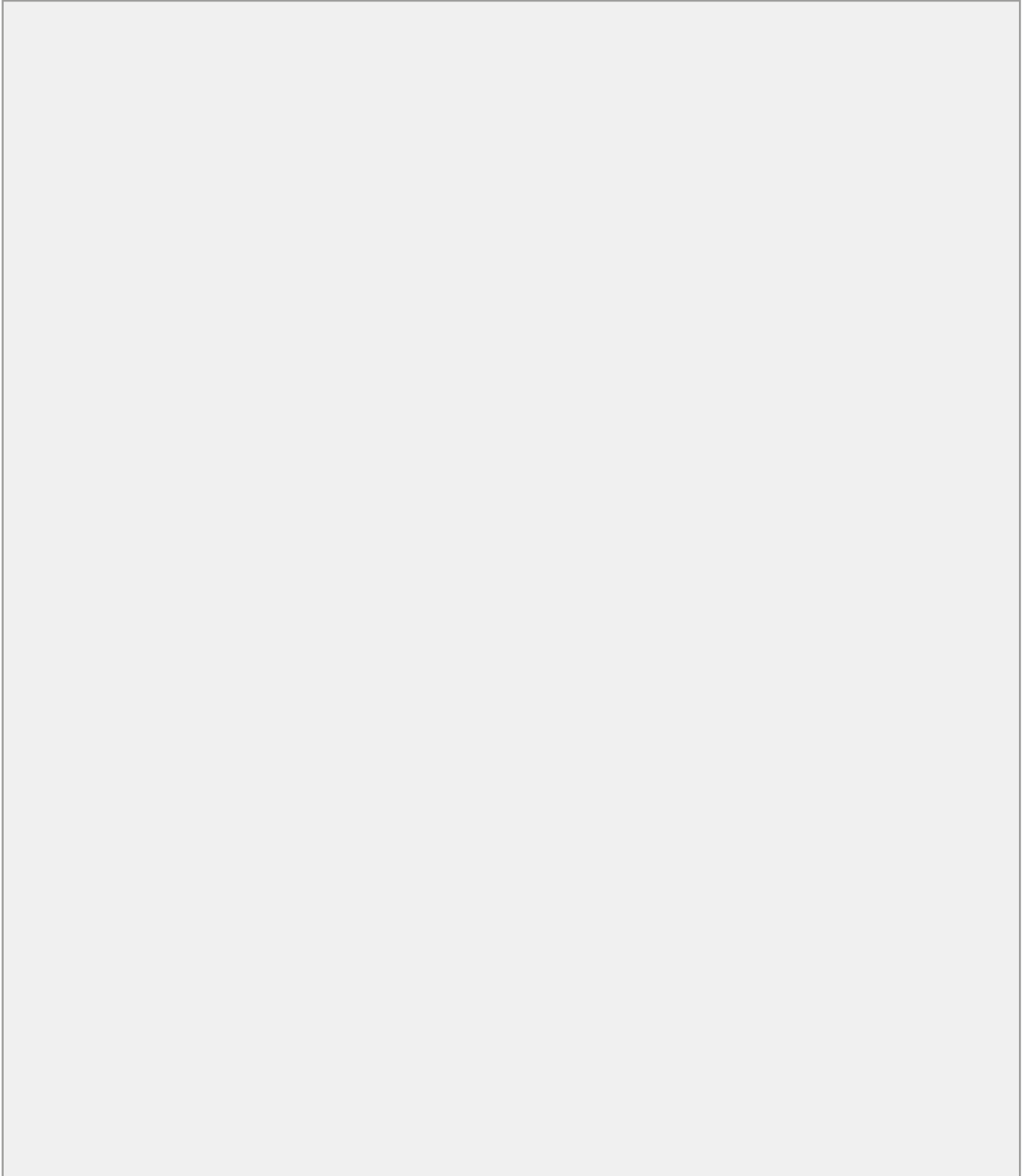
---

## Other information

If you need more space to answer any of the questions, please use the space below. If any of your carers, friends or relatives want to add any information, they can do it here. This may be because they know the effects your disability, illness or health condition have on how you can do things on a daily basis.

Please complete **page 4** with their contact details as we may contact them for more information to support your claim.

If you need to give us more information on a separate sheet of paper, please put your name and National Insurance Number on it.





---

## Consent to notify your GP of the outcome of the Work Capability Assessment

DWP would like to share its decision based on the result of your Work Capability Assessment (WCA) with your doctor, or any doctor treating you. This will help the doctor, as it will tell them when they no longer need to provide you with Statements of Fitness for Work (also known as fit notes or medical certificates) for the purposes of this claim.

We need your agreement to share this information.

You do not have to give your agreement. If you do not agree, it will not affect your claim for ESA. We will keep a record of the decision you make.

You can withdraw your agreement at any time before the medical assessment takes place by calling DWP on **0800 169 0310**.

If you contact us after the assessment it may be too late, as we may have already made a decision and shared it.

If you withdraw your agreement, we will not share the decision based on the outcome of your WCA with your doctor.

**I agree to my doctor, or any other doctor treating me, being informed about the result of my Work Capability Assessment.**

No

Yes

**Signature**

**Date**

DD/MM/YYYY

---

## Declaration

**You may find it helpful to make a photocopy of your reply for future reference.**

- I declare that I have read and understand the notes at the front of this form, the information I have given on this form is correct and complete.
- I understand that I must report all changes in my circumstances which may affect my entitlement promptly and by failing to do so I may be liable to prosecution or face a financial penalty. I will phone **0800 169 0310**, or write to the office that pays my benefit, to report any change in my circumstances.
- If I give false or incomplete information or fail to report changes in my circumstances promptly, I understand that my Employment and Support Allowance may be stopped or reduced and any overpayment may be recovered. In addition, I may be prosecuted or face a financial penalty.
- I also understand that the Department may use the information which it has now or may get in the future to decide whether I am entitled to:
  - the benefit I am claiming
  - any other benefit I have claimed
  - any other benefit I may claim in the future.

**You must sign this form yourself if you can, even if someone else has filled it in for you.**

**Signature**

**Date**

DD/MM/YYYY

---

## For people filling in this questionnaire for someone else

If you are filling in this questionnaire on behalf of someone else, please tell us some details about yourself.

**100** Your name

**101** Your address

Postcode

**102** A phone number we can contact you on

**103** Please explain why you are filling in the questionnaire for someone else, which organisation, if any, you represent, or your connection to the person the questionnaire is about.

---

## What to do next

Please make sure that you:

- have answered all the questions on this questionnaire that apply to you
- have signed and dated the questionnaire
- send back the questionnaire by the date we have asked you to in the enclosed letter
- send back the completed questionnaire using the enclosed envelope. It does not need a stamp. Do not send it or take it to your Jobcentre Plus office
- have provided any additional evidence or information that you feel will help us to understand how your disability, illness or health condition affects how you can do things on a daily basis.

---

## How the Department for Work and Pensions collects and uses information

When we collect information about you we may use it for any of our purposes.

These include:

- social security benefits and allowances
- child maintenance
- employment and training
- investigating and prosecuting tax credits offences
- private pensions policy and
- retirement planning.

We may get information about you from other parties for any of our purposes as the law allows to check the information you provide and improve our services. We may give information about you to other organisations as the law allows, for example to protect against crime.

To find out more about our purposes, how we use personal information for those purposes and your information rights, including how to request a copy of your information, please visit [www.gov.uk/dwp/personal-information-charter](http://www.gov.uk/dwp/personal-information-charter)

---

## What happens next

Please send back your completed questionnaire to the Health Assessment Advisory Service in the envelope enclosed. The Health Assessment

Advisory Service may contact you to arrange a face-to-face appointment for you with a Healthcare Professional.

---

## Cancer treatment

**For completion by a Healthcare Professional which may include a GP, hospital doctor or clinical nurse who is aware of your condition.**

The information you provide on this section is important as it will help us make a quick decision about your patient's Employment and Support Allowance claim.

This section concerns patients who are having, waiting for or recovering from chemotherapy or radiotherapy.

Please complete the rest of this section. If you want more information about Employment and Support Allowance, go to [www.gov.uk/employment-support-allowance](http://www.gov.uk/employment-support-allowance)

### 104 Details of cancer diagnosis

Include the type and site, stage and any related diagnoses.

### 105 Details of treatment

Include the regime and expected duration.

### 106 What stage are they at?

Awaiting or undergoing chemotherapy or radiotherapy

Recovering (post completion of treatment) from chemotherapy or radiotherapy

### 107 In your opinion, is it likely that the impact of the treatment has or will have work-limiting side effects?

No

Yes

In your opinion, are these side effects likely to limit all work?

No

Yes

In your opinion, how long would you expect these side effects to last?

## Your details

**108** Name

**109** Job title and qualifications

**110** Signature

Please sign the form here after printing

**111** Surgery stamp, hospital stamp or  
address details

**112** Date

DD/MM/YYYY